

SIXTH FORM APPLICATION FORM

STUDENT SURNAME		STUDENT FORENAME		DATE OF BIRTH	
CURRENT SCHOOL					
ADDRESS					
	POSTCODE				
SIBLINGS AT CTS? (PLEASE TICK)				YES	NO
DISABILITIES? (PLEASE TICK, IF YES-PLEASE SPECIFY)				YES	NO
HOME PHONE NUMBER		MOBILE PHONE NUMBER			
EMAIL ADDRESS					
DATES AVAILABLE FOR A MEETING AT CTS:					

HOW DID YOU FIND OUT ABOUT CORBY TECHNICAL SCHOOL SIXTH FORM?					
RECOMMENDATION		WEB SITE		PRESS	
MAIL SHOT		OTHER			

POST-16 SUBJECT CHOICES: WHICH SUBJECTS DO YOU WISH TO STUDY?	
BEYOND THE SIXTH FORM: WHAT ARE YOUR FUTURE ASPIRATIONS AND CAREER GOALS?	
APPLICATIONS TO OTHER 6TH FORMS	

SIGNATURE		DATE	
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